**WA-51-2** (01-22-97)

NOTE:

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

FINANCIAL STATEMENT SUPPLEMENT

## RETURN TO: Financial Review Branch P.O. Box 419205 Kansas City, MO 64141-6205

2. ADDRESS (Include street, city, state, Zip Code)

FAX No. 816-823-1805

FOR OVERNIGHT DELIVERY: Financial Review Branch 9200 Ward Parkway Kansas City, MO 64114-3315

## (Cotton, Grain, and Rice Warehouses)

NAME (Corporation, Limited Liability Company, Partnership, or Individual Name)

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. This report is authorized by 7 U.S.C. 268 (U.S. Warehouse Act) and 15 U.S.C. 714 (Commodity Credit Corporation Charter Act). This form must be submitted with a copy of your financial statements prepared as required in 7 CFR 735.5, 736.6, and 1421.5551. Furnishing of the requested information is voluntary and no penalty will be imposed for failure to respond. However, the decision as to the warehouseman's eligibility for a Warehouse Act license or a CCC storage contract must be made in part on the basis of the information provided. This information submitted will not be disclosed outside of the U.S. Department of Agriculture except as required by law to the Department of Justice and the Department of Treasury. Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM (OMB No. 0560-0120), Stop 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO KANSAS CITY COMMODITY OFFICE, Financial Review Branch , P.O. BOX 419205, KANSAS CITY, MO. 64141-6205, or for overnight delivery 9200 Ward Parkway, KANSAS CITY, MO. 64114-3315.

		Te	lephone Number (area code)	FAX Number				
3. STATEMENT PREPARED BY:			4. FORM OF BUSINESS:					
Independent CPA			Corporation (Co-op) Limited Liability Company					
Independent Public Accountant			Corporation (Reg)					
Other (Explain in Item 14)			Corporation (Subchapter S) Individual Proprietorship					
5. TAXPAYER IDENTIFICATION NUMBER	6. FISCAL CLOSING	DATE	7. DATE OF INCO	RPORATION				
	8. ORGAN	IZATION	AL INFORMATION					
(To be completed by Corporation, Limited Liability Company, Partnership, and Individual Proprietorship.)								
			DDRESS AND PHONE NUMBER	STOCK HELD				
B. NAME OF VICE PRESIDENT, MEMBER, OR PARTNER		HOME A	DDRESS AND PHONE NUMBER					
C. NAME OF SECRETARY, MEMBER, OR PARTNER		HOME A						
D. NAME OF TREASURER, MEMBER, OR PARTNER		HOME A						
E. NAME OF GENERAL MANAGER, MEMBER, OR LIKE OFFICER		HOME A						
9. DIRECTORS OF CORPORATION								
A. NAME	B. OCCUPATION	ON	C. HOME ADDRESS		D. SHARES OF STOCK HELD			

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				B BANKING SERVICES	T				
A. NAME	B. I	_OCATIOI	N OF BANK	C. TELEPHONE NO.					
11. DO YOU HAVE A LINE O	NE ODEDIT?								
11. DO TOO HAVE A LINE C	OF CREDIT!								
NO		YES	(If "YE	S", list name and address of le	ending agency)				
		(ii 120 ; iist hame and dadress of it			C. AMOUNT OF LINE				
A. NAME OF LENDING AGENCY		B. ADDRESS OF LENDING AGENCY			OF CREDIT				
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					\$				
12. WHO IS THE BENEFICIA	ARY OF THE CASH VALUE LIF	E INSURANCE POLIC	Y?						
40 INCUIDANCE	AMOUNTO OLIOVANI LIE	DE MUCE ADDI VITO C	000000	ONDING ACCETO CHOWALC	ALTUE DALANCE CUEET				
13. INSURANCE			ORRESP	ONDING ASSETS SHOWN C					
AMOUNT OF FIRE INSURANCE COVERAGE	A. BUILDINGS	B. FIXTURES AND EQUIPMENT		C. TOTAL	D. VEHICLES - ROLLING STOCK				
INCORANCE COVERAGE		EQUIT WENT			OTOOK				
(Give dollar values) ►	¢	œ.		¢	· ·				
,	\$	\$		\$	\$				
14. INVENTORY - LIMIT OF	LIABILITY								
			2001//010	NAME OF COLUMN	00501510				
\$			PROVISIO	ONAL STOCK	SPECIFIC				
15. REMARKS (Use this space to furnish additional information needed to clarify any of the above statements. If more space is needed,									
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Under penalty of perjury true, correct, and comple	, I declare that I have exan ete statement of the financia	16. CERTIFICAT nined the enclosed fi al conditions of the a	ION nancial s lbove-na	statement, including any a med warehouseman as of	ttachments, and it is a the date shown on the				
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